



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 1520.31C
BUMED-05/NSHS-OM
22 Sep 2000

BUMED INSTRUCTION 1520.31C

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: MEDICAL EDUCATION POLICY COUNCIL (MEPC)

Ref: (a) BUMEDINST 1524.1A
(b) SECNAVINST 5214.2B

Encl: (1) Graduate Medical Education (GME) Program and Change
Proposal Format

1. Purpose. To define roles and responsibilities for developing, reviewing, and approving policies for Navy-sponsored graduate and postgraduate medical education.

2. Cancellation. BUMEDINST 1520.31B.

3. Objectives. The MEPC was established to coordinate the medical education policy development process involving all levels of the organizational hierarchy: program directors who manage GME programs at teaching hospitals; program managers at the Naval School of Health Sciences (NSHS), Bethesda, MD; Bureau of Medicine and Surgery (BUMED) specialty leaders; resource, operational medicine, and planning managers at BUMED; and assignment and distribution personnel assigned to the Navy Personnel Command (NAVPERSCOM). The MEPC provides a forum to address issues affecting programs governed by reference (a) and develop GME policy recommendations for consideration by the Chief, BUMED.

4. Discussion. Medical education policy issues include proposals to establish, close, or modify GME programs, such as extending program length or expanding the number of residents; trainee selection methods or parameters; GME billet distribution; proposals for program affiliation or integration; accreditation issues; and joint service GME initiative activities. An issue for the MEPC may originate at any level in the Navy Medicine organization and is appropriate for the council when an action is desired regarding the above areas.

22 Sep 2000

5. GME Issue Review and Approval Process

a. A GME issue is documented using the format of enclosure (1) for a program issue, or using a point paper format for a policy issue.

b. The issue document then must be reviewed and endorsed by the specialty leader or the commanding officer of the medical treatment facility (MTF) and an action officer identified.

c. The action officer then submits the issue to Bethesda (NSHS-OM). The issue may be included on an MEPC agenda, and the action officer may be called to present the issue to the MEPC.

d. The MEPC discusses the issue, consults specialty and technical leaders, and formulates recommendations for consideration by the Chief, BUMED.

e. MEPC recommendations are included in the minutes of the MEPC meeting, with approval and signature blocks provided for the Chief, BUMED.

f. MEPC minutes are prepared by NSHS, endorsed by the Chief, Medical Corps (MED-00MC), and forwarded to the Chief, BUMED for review and approval.

g. The Chief, BUMED approves, disapproves, or comments on each recommendation and provides additional guidance or comments on other issues that may have been forwarded with the MEPC minutes.

h. By approving the MEPC minutes, the Chief, BUMED assigns the identified action officers to coordinate all actions required to implement the approved recommendations, and to report the status of the issues periodically to NSHS.

6. MEPC Membership. The MEPC consists of the following participants:

a. Members

(1) Chief, Medical Corps (MED-00MC) - Chair.

(2) Assistant Chief for Resource Management/Comptroller (MED-01).

(3) Assistant Chief for Operational Medicine and Fleet Support (MED-02).

(4) Assistant Chief for Health Care Operations (MED-03).

(5) Assistant Chief for Education, Training, and Personnel (MED-05).

(6) Assistant Chief for Plans, Analysis, and Evaluation (MED-08).

(7) Director for Medical Corps Professional Programs, (NSHS-OM) - Executive Secretary.

(8) Director of Medical Education (DME) from each multidisciplinary teaching hospital.

(9) Specialty Leader for Family Practice to represent the family practice teaching hospitals.

(10) Specialty Leader for Interns.

(11) Medical Officer of the Marine Corps.

(12) Fleet Surgeon, U.S. Atlantic Fleet.

(13) Fleet Surgeon, U.S. Pacific Fleet

b. Advisors. The MEPC seeks counsel and advice from any source essential to achieve its assigned responsibilities. Generally, assistance is necessary from personnel experts assigned to NAVPERSCOM; manpower, professional development, and planning personnel assigned to BUMED; and, as required, from academic experts within and external to the naval service; and from officials assigned to the staff of the Assistant Secretary of Defense for Health Affairs.

7. Responsibilities

a. Chief, BUMED reviews the MEPC minutes and approves, disapproves, or comments on MEPC recommendations and provides amplifying guidance for MEPC issues.

b. Chief, Medical Corps chairs the MEPC, monitors GME policy implementation and program management functions, and presents MEPC issues and recommendations to the Chief, BUMED.

22 Sep 2000

c. Director, Medical Corps Professional Programs (NSHS) provides or coordinates required support to implement BUMED GME policy decisions and exercises oversight and review of all Medical Corps professional programs. As a member of the MEPC, participates in the development of education and training policies for the Medical Corps, serves as executive secretary of the MEPC, and manages all MEPC preparation and follow-up activities.

d. Commanders and Commanding Officers of MTFs Sponsoring GME Programs ensure potential changes to GME programs in their facilities are fully staffed, reviewed by their GME Committee and the appropriate BUMED specialty leader before endorsement and submission to NSHS for presentation to the MEPC, and recommended changes are not implemented before approval by the Chief, BUMED.

e. The DME at each teaching hospital, as Chair of the GME Committee at that MTF, exercises oversight and review of accreditation status of all hospital GME programs and ensures GME issues are fully staffed, thoroughly reviewed, and appropriately submitted to the MEPC. The DMEs serve as members of the MEPC and will present their GME issues to the MEPC.

f. Residency program directors submit proposals and obtain endorsements from the MTF GME Committee, the MTF commander or commanding officer, and the BUMED specialty leader before submitting to NSHS for presentation to the MEPC.

g. BUMED specialty leaders review, endorse, and provide comments and a recommendation for all proposals regarding training in their specialties and subspecialties before submitting to the MEPC for consideration.

8. MEPC Functions

a. Reviews, evaluates, and advises the Chief, BUMED regarding all joint service GME initiatives.

b. Initiates, reviews, and evaluates Medical Corps professional education policy proposals including all proposals to establish, discontinue, or modify GME programs. Proposed program modifications must include an assessment of the capability to implement the modification within current or projected structure and resources, or recommend alternative methodologies to achieve the proposed change.

22 Sep 2000

c. Assures proposals have been coordinated with MTF commanders and commanding officers, BUMED specialty leaders, appropriate staff medical officers assigned to major operational commanders, as required, and with staff officers assigned to NAVPERSCOM or other external agencies, as appropriate.

d. Monitors actions taken to implement approved MEPC recommendations.

e. Reviews the accreditation status of all GME programs and addresses associated issues.

f. Reviews the annual Graduate Medical Education Selection Board plans and procedures to validate consistency with program policies and to identify potential issues for consideration by the MEPC.

g. Meets at the call of the Chair, not less than two times a year.

9. MEPC Executive Secretary Functions

a. Coordinates all aspects of each meeting, including presentation scheduling, funding for travel, space requirements, preparing and assembling the meeting briefing books, and necessary clerical and administrative support.

b. Assures review of proposals by appropriate specialty leaders, program directors, MTF commanders, commanding officers, and staff officers.

c. Prepares an agenda from the items submitted and documented using enclosure (1) or the point paper format, and from guidance received from the Chief, BUMED, the Chair of the MEPC, or the Director for Medical Corps Professional Programs.

d. Monitors status of proposals and approved actions and prepares a summary for review at each MEPC meeting.

e. Prepares minutes of proceedings and forwards for the Chair's endorsement and Chief, BUMED's approval.

f. Disseminates approved minutes of proceedings.

BUMEDINST 1520.31C
22 Sep 2000

10. Report Exemption. The requirements contained in this instruction are exempt from reports control by reference (b), part IV, paragraph G8.



R. A. NELSON

Available at:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

GRADUATE MEDICAL EDUCATION
PROGRAM AND CHANGE PROPOSAL FORMAT

1. Specialty Program: Site:
2. Action Officer: Date:
3. Proposal: (Short title for this proposal.)
4. Issue: (Why is this a current issue?)
5. Problems: (What are the reasons a change is needed?)
6. Background: (What is the historical context?)
7. Alternatives Considered: (How could this issue be addressed?)
Include the positive and negative impacts on each of the following:
 - a. Requirements (billets, manpower, and funds). Use Business Case Analysis, where appropriate.
 - b. Service needs.
 - c. Other training programs.
 - d. Current and future trainees.
 - e. Detailing process.
 - f. Accreditation.
 - g. Full-time inservice, full-time outservice, other Federal institution and deferment programs.
 - h. Faculty profile.
8. Action Recommended: (Which alternative should be chosen and why is it justified?).
9. Implementation Plan: (What is the proposed plan of action and milestones?).